

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/									
2	/									
3	/									
4	14									
5	8									
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50										
TOTAL IND.	2									
TOTAL DEP.	16	←	←	←						
TOTAL CLAIMS	18									